(IP	F	PART B	- FEE(S) TR	RANSMITTAL				
Complete and so	end this form, together	with applicable f	ee(s), to: <u>Mail</u> or <u>Fax</u>	Commissioner fo P.O. Box 1450 Alexandria, Virg	r Patents			
INSTRUCTIONS: T appropriate. A furt indicated unless con maintenance fee notif	nis form hould be used for er compondence including below or directed othe	transmitting the ISSU the Patent, advance or wise in Block 1, by (a	IE FEE and PUB ders and notificat ) specifying a nev	LICATION FEE (if requi ion of maintenance fees w w correspondence address;	red). Blocks 1 through 5 still be mailed to the current and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for		
	NDENCE ADDRESS (Note: Use Bloc 7590 09/22/2			Fee(s) Transmittal. Thi	is certificate cannot be used	for domestic mailings of the for any other accompanying ent or formal drawing, must		
NATIONAL ( RESEARCH	OFFICE OF TECH CTR FOR AGRICULT ERSITY STREET			I hereby certify that the States Postal Service wanted	tificate of Mailing or Tran is Fee(s) Transmittal is beir vith sufficient postage for fi I Stop ISSUE FEE address TO (571) 273-2885, on the	ng deposited with the United rst class mail in an envelope s above, or being facsimile		
PEORIA, IL 6				Curtis P. R	ibandø / /	(Depositor's name)		
10/25/2005 HGUTEMA2 0		4248		( who	(Signatu			
01 FC:1501 1400	.00 DA			Cctober 21	, 2005	(Date)		
APPLICATION NO	). FILING DATE		FIRST NAMED INV	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
L	<del></del>		Joel A. Bad	····	0180.03	8663		
10/774,248	02/06/2004 ON: ADHESION DEFICIEN	T ISOI ATE OF FLAV				8003		
TILE OF INVENT	on. Adresion deficien	I ISOLATE OF FLAVO	OBACTERION C	OLUMNARE AGAINST	COLOMINARIS DISEASE			
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	)	\$0	\$1400	12/22/2005		
	EXAMINER ART UNIT C							
ZEM	AN, ROBERT A	1645		424-234100	,			
Address form PTO  "Fee Address" PTO/SB/47; Rev 0 Number is requir  3. ASSIGNEE NAME PLEASE NOTE: 1 recordation as set if (A) NAME OF AS  The United by the Sect Please check the appreda. The following feet I ssue Fee Publication Feet Advance Order  5. Change in Entity S	ndication (or "Fee Address" 3-02 or more recent) attached.  AND RESIDENCE DATA Unless an assignee is identified orth in 37 CFR 3.11. Complete SIGNEE  States of Americal comprise states of Agrical comprise assignee category or comprise assignee.	indication form it. Use of a Customer  TO BE PRINTED ON The debolow, no assignce stion of this form is NOT (Build and the custom of this form is not the property of the custom of this form is not the property of the custom of this form is not the property of the custom of this form is not the property of the custom of the	registered attor 2 registered pa listed, no name THE PATENT (pri data will appear of T a substitute for f B) RESIDENCE: (6 e sented inted on the patent D. Payment of Fee( A check in the Payment by c	f a single firm (having as a new or agent) and the name tent attorneys or agents. If will be printed.  int or type) on the patent. If an assignating an assignment.  CITY and STATE OR COUWAShington  a): Individual Cousting an assignation of the fee(s) is entered to card. Form PTO-2038 is hereby authorized by slavenber 50-213	es of up to no name is 3 Lesle:  ce is identified below, the component of the private graph of the colored.  is attached.	document has been filed for 978; Frame 0136 02/06/04] roup entity 2 Government credit any overpayment, to copy of this form).		
The Director of the UNOTE: The Issue Fee interest as shown by the	SPTO is requested to apply the and Publication Fee (if require records of the United State	e Issue Fee and Publica red) will not be accepted s Patent and Trademark	tion Fee (if any) or d from anyone othe Office.	r to re-apply any previousler than the applicant; a regi	y paid issue fee to the applic stered attorney or agent; or t	ation identified above. the assignee or other party in		
Authorized Signatu	ire	6 lika	1_	Date <u>Oct</u>	ober 21, 2005			
	ame <u>Curtis P. R</u>				No. <u>27,976</u>			
Alexandria, virginia 2	rmation is required by 37 CF entiality is governed by 35 Usted application form to the Usstions for reducing this burd, Virginia 22313-1450. DO 12313-1450. Reduction Act of 1995, no pe		•					

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

01

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.				Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 10/774,24		10/774,248	8 OIR						
FEE TRANSMITTAL For FY 2006			Filing Date		February 6, 2004			E				
			First Named I	nventor	Joel A. Bad	er	Oct	名				
				Examiner Nar	me	Robert A. Z	eman	OCT 2	2005 8			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1645		12/2				
TOTAL AMOUNT O	Attorney Dock	cet No.	0180.03		G /RADEM	AN OFFI						
METHOD OF PAYMENT (check all that apply)												
☐ Check ☐ Credit Card ☐ Money Order ☐ None Other (please identify):												
Deposit Account Deposit Account Number: <u>50-2132</u> Deposit Account Name: USDA-ARS-OTT  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
M Observe for (a) indicated halow												
Charge ree(s) indicated below, except for the mining ree												
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  Credit any overpayments												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
FEE CALCULA		· <u> </u>						<u>_</u>				
1. BASIC FILING	· · · · · · · · · · · · · · · · · ·	EXAMINATIO	N FEES					*****				
		FEES		H FEES	EXAM	INATION F	EES					
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee(\$)	Fee (	Small E (\$) Fee (		Fees Pa	id (\$)			
Utility	300	150	500	250	200	100						
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLAI	M FEES								nall Entity			
Fee Description Each claim over 20 c	for Poissuss and	a daim avar 20 an	ud more than i	in the original pate	ont .			Fee (\$) 50	Fee (\$) 25			
Each independent cl	aim over 3 or, for Re					atent		200	100			
Multiple dependent								360	180			
Total Claims	Extra Clair or HP =	ms Fee (\$) x	Fee I	Paid (\$)	Multipl Fee (\$	e Depende	<u>nt Claims</u> <u>Fee Paic</u>					
	of total claims paid for,											
Indep. Claims	Extra Clai	ms Fee (\$	) Fee P	aid (\$)				***				
-3 or	HP = of independent claims	X	=									
3. APPLICATION S		paid for, if greater the	ans									
	ind drawings exceed	100 sheets of pa	per, the applic	cation size fee du	ie is \$250	(\$125 for sn	nall entity)					
for each additi	onal 50 sheets or fra	ction thereof. See	35 U.S.C. 4	1(a)(1)(G) and 3	7 CFR 1.1	6(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)												
100 = / 50 = (round up to a whole number) x =												
4. OTHER FEE(S)		-						Fees	Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)												
Other: Issue Fee 1400.00												
SUBMITTED BY	0_0	- 11										
Signature	( John	/ lake	-l	Registration No (Attorney/Agent)	27,976	1	elephone	: <b>309/681-651</b>	2			
Name (Print/Type) CURTIS P. RIBANDO Date October 21, 2005												

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for long the form, call 1-600-PTO-9199 and select opt